



Maine Department of Health and Human Services

MECMS Update 57

April 3, 2006

Billing News & Tips

Please keep J code policy in mind for Box 19 on the CMS/HCFA 1500 form

Box 19: RESERVED FOR LOCAL USE

19 RESERVED FOR LOCAL USE

On the CMS/HCFA 1500 claim form, if you are billing a J code in Box 24D, you need to enter the National Drug Code (NDC) for that drug in Box 19. Please remember that you may only bill one J code per CMS/HCFA 1500 claim. And, you can only bill a J code on a paper claim.

If you try to bill an NDC code electronically, the system won't read the code.

Also, please remember that in Box 19, you shouldn't enter a description of the drug nor put the letters NDC before the actual NDC code.

Hospitals use the UB-92, but physicians who are hospital-based use the 1500

When hospitals bill on the UB-92 form, they need to bill with the hospital's provider ID number.

Services by a hospital-based physician must be billed on the CMS/HCFA 1500 form, using that physician's provider ID number.

Independent LCSWs, LCPCs, and LMFTs need prior authorization

It is important to remember that MaineCare requires prior authorization for all services provided by a Licensed Clinical Social Worker (LCSW), a Licensed Clinical Professional Counselor (LCPC), or a Licensed Marriage and

Family Therapist (LMFT) who practices independently.

The Bureau of Child and Family Services gives this prior authorization for children's services, and the Office of Elder Services (formerly the Bureau of Elder and Adult Services) gives this prior authorization for adult services.

If you submit a claim for a service by one of these professionals who practices independently, you must include the prior authorization number on the claim.

Claims without a prior authorization number will be denied.

The *MaineCare Benefits Manual*, Chapter II, Section 58, has more information on prior authorization. Your Provider Relations Specialist can also help you understand prior authorization requirements.

On all forms, use the MaineCare ID, not the Social Security number

Effective 3/01/2006, MaineCare no longer accepts Social Security numbers in place of MaineCare member ID numbers.

Any claim billed with a member's Social Security number, rather than with that member's MaineCare ID number, will deny.

A primary diagnosis is required on CMS/HCFA 1500 and UB-92 forms

All providers are required to have a primary diagnosis on every CMS/HCFA 1500 and UB-92 claim form. The code must be a valid International Classification of Diseases (ICD-9) code.

(Continued on the next page.)

The code goes in Box 21 on the CMS/HCFA 1500 and in Form Locator 67 on the UB-92.

The only providers not required to have a diagnosis code on a claim are Full Service Transportation and Wheelchair Van Providers. ■

Contact Us

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On the web: www.maine.gov/dhhs/bms

Write:

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Our listserv:

Sign up for a convenient, fast way to get the news you need about billing procedures and other MaineCare provider information:

<http://mailman.informe.org/mailman/listinfo/provider/>

Previous issues of *The MECMS Update*:

http://www.maine.gov/bms/innerthird/mecms_update_for_provider.htm ■